Pharmacy Technician Program

Information and Application Trinity River Campus East

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Application Deadline: January 10, 2025

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Email Application and Supporting Documents to:
TR.HealthCareAdvising@tccd.edu

PROGRAM DESCRIPTION:
Students will study the fundamentals of community pharmacy technician principles and procedures with courses delivered in a blended format combining face-to-face and online lectures. After successfully completing the program, students may register for the Pharmacy Technician Certification (CPhT) exam recognized by the Texas State Board of Pharmacy (TSBP).

The Pharmacy Technician program is accredited and recognized by the Pharmacy Technician Certification Board (PTCB). Additionally, this program is identified as an Occupational Skills Award (OSA), preparing students for gainful employment, and enhancing their marketability to potential employers.

Licensing Notice: Texas House Bill 1508
This program prepares students for an occupational license. However, students may not be eligible for licensing if they have a prior criminal history. For more details, see Texas House Bill 1508 Licensing Requirements.

PROGRAM COURSES, TUITION/FEES*:

PHRA 1001	Introduction Pharmacy Technician	(48 hours | 4.8 CEUs)	$250
PHRA 1005	Drug Classification	(48 hours | 4.8 CEUs)	$250
PHRA 1009	Pharmacy Mathematics	(48 hours | 4.8 CEUs)	$250
PHRA 1004	Pharmacotherapy & Disease	(48 hours | 4.8 CEUs)	$250
PHRA 1002	Pharmacy Law	(24 hours | 2.4 CEUs)	$140
PHRA 1043	Pharmacy Technician Certification Review	(16 hours | 1.6 CEUS)	$115

TEXTBOOK*:
　　TITLE: *The Pharmacy Technician, 8th Edition*
　　AUTHOR: Perspective Press | **PUBLISHER:** Top Hat
　　ENDORSED BY: American Pharmacists Association (APhA)
　　PRINT ISBN: 978-1640437524 |$119
　　　　　　　　　(Contact Trinity River Campus Bookstore, 817-515-1050 | Building TRTR, Room 2301)
　　eBOOK: purchase directly through Top Hat |$147

　　*Tuition/Fees and Textbook are subject to change.

CERTIFICATION:
After successfully completing the program, students may register and directly pay for the Certified Pharmacy Technician (CPhT) exam through their preferred certification organization:

- Pharmacy Technician Certification Board (PTCB)

- National Healthcareer Association (NHA)

- PTCB vs. NHA Certification – What is the Difference? See PharmTechs.org
  Both certifications are recognized by the Texas State Board of Pharmacy (TSBP)

*** KEEP THIS PAGE FOR YOUR RECORDS ***
COURSES, TEXTBOOK, AND TUITION/FEES INFORMATION PROVIDED ABOVE

APPLICATION PROCESS:
1. Review the online "Pharmacy Technician Information Session".
2. Complete and Print your "Information Session Exit Ticket" form.
3. Collect the required supporting documents.
    - Documents _**must**_ be included when submitting your application to be considered for the program.
    - Refer to "Documents Required for Submission" section below.
4. Complete the application.
5. Email your application _**and**_ supporting documents to TR.HealthCareAdvising@tccd.edu.
6. Successfully complete/pass the TSI/TABE test or provide an official/unofficial college transcript for exemption review and approval. _Testing is mandatory if applicant has not attended a United States (U.S.) higher education institution._ For questions regarding the application and/or testing status, email TR.HealthCareAdvising@tccd.edu.

DOCUMENTS REQUIRED FOR SUBMISSION:
A. Information Session Exit Ticket
B. High school diploma*****, GED, or high school equivalency
C. Test scores – if applicable
D. College transcript***** with grades "C" or higher to receive the TSI/TABE exemption.

*International high school diploma or college transcript must be evaluated for U.S. equivalency. Contact:

International Academic Credential Evaluators, Inc. (IACEI)
Denton, TX | 940-383-7498
(All correspondence takes place via phone, email, or mail)

ACCEPTANCE:
- Applicant receives an acceptance letter from the Program Coordinator.

REGISTRATION AND PAYMENT:
- Candidate
    - receives a follow-up email from the Program Coordinator notifying Candidate is ready to enroll. This email will also include the registration form, registration and payment processes, and textbook information.
    - registers for two courses each time. _**Tuition in full is due at time of enrollment on the same day.**_ Failure to complete payment will result in being dropped from both courses. _**Registration is first-come, first-served.**_
    - **NOTE:** If student selects Payment Plan option, student must report to the Business Services Office in-person to set up plan on the same day of enrollment.

COMMUNICATION:
- After students are enrolled in their first two courses, they will receive **ALL** communication via their TCC email address (my.tccd.edu). To activate your TCC email see Student Login and Password Help. Additional information is available at Tech Support or call 817-515-8324. Support is available 24/7.

Tarrant County College®

PHARMACY TECHNICIAN PROGRAM APPLICATION

TODAY'S DATE	
SOCIAL SECURITY NUMBER	
TCC STUDENT ID	
NAME **(Last, First, Middle Initial)**	
ADDRESS **(Street, City, State, Zip Code)**	
PHONE NUMBER(S)	
EMAIL ADDRESS	
AGE	
GENDER	

For questions and/or additional information regarding your application and/or testing status, please email TR.HealthCareAdvising@tccd.edu.

Application acceptance does not guarantee program entrance.

Ethnicity/Race:
☐ American Indian/Alsakan Native ☐ White

☐ Asian ☐ International

☐ Black/African American ☐ Multi

☐ Hawaiian/Pacific Islander ☐ Race Unknown

☐ Hispanic/Latino

Education:
(Check all that apply)
☐ High school diploma/GED/High School Equivalent

☐ Associates

☐ Bachelors

☐ Masters

☐ Doctorate

Currently Employed: ☐ Yes ☐ No

Employer Name: _____

I hereby certify that the information contained in this application is complete and true to the best of my knowledge. I understand

- by signing the application, I am responsible for submitting ALL documents required to be considered for the program.
- the Health Sciences Division faculty and staff will read the information contained in this application.
- that any misrepresentation or falsification of information is cause for denial of admission into the program or dismissal from the program.

I read and understand the licensing notice regarding **Texas House Bill 1508**. I understand the Pharmacy Technician Program prepares me for an occupational license, however I may not be eligible for licensing based upon the **Texas House Bill 1508**.

_____

Applicant Name (Print)

_____ _____

Applicant Signature **Date**